

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 SEP 12 AM 9:18
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

KEY STATES

ADDRESS (number and street)

11025 CONNECTICUT AVE, NW



Check if different
than previously
reported. (ACC)

Suite 1000

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15 *Inactive*
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c)

12-Day



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



Convention (12C)



Special (12S)

Report for the:

Election on



in the
State of



(d)

30-Day

POST-Election



General (30G)



Runoff (30R)



Special (30S)

Report for the:

Election on



in the
State of



5. Covering Period

04

01

2016

through

06

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert P. Visser

Signature of Treasurer

Robert P. Visser

Date

09

05

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text"/>		
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text"/>	
(c) Total Receipts (from Line 19)	<input type="text"/>	<input type="text"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text"/>	<input type="text"/>
7. Total Disbursements (from Line 31)	<input type="text"/>	<input type="text"/>
<i>BANK MAINTENANCE FEES</i>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text"/>	<input type="text"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Key States

Report Covering the Period:

From:

09 / 01 / 2016

To:

06 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

Page 4

COLUMN B
Calendar Year-to-Date

-
- The image shows a document with five horizontal rows of perforated lines, resembling a ledger or a form designed for data entry. The rows are separated by vertical lines, creating a grid-like structure. The document is slightly aged and shows some wear.

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| 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 | 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 | 801 | 802 | 803 | 804 | 805 | 806 | 807 | 808 | 809 | 810 | 811 | 812 | 813 | 814 | 815 | 816 | 817 | 818 | 819 | 820 | 821 | 822 | 823 | 824 | 825 | 826 | 827 | 828 | 829 | 830 | 831 | 832 | 833 | 834 | 835 | 836 | 837 | 838 | 839 | 840 | 841 | 842 | 843 | 844 | 845 | 846 | 847 | 848 | 849 | 850 | 851 | 852 | 853 | 854 | 855 | 856 | 857 | 858 | 859 | 860 | 861 | 862 | 863 | 864 | 865 | 866 | 867 | 868 | 869 | 870 | 871 | 872 | 873 | 874 | 875 | 876 | 877 | 878 | 879 | 880 | 881 | 882 | 883 | 884 | 885 |
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- 30.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:			PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Key States

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

☐ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

☐ M M / ☐ D D / ☐ Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

☐ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

☐ M M / ☐ D D / ☐ Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

☐ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

☐ M M / ☐ D D / ☐ Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Key States

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

/ /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

/ /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

/ /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

☐ Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Key States

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; margin-left: 100px;">Key States</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">C</div>	
LENDING INSTITUTION (LENDER) Full Name <div style="font-size: 1.5em; margin-left: 100px;">N/A</div>		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
City State Zip Code		Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
Title			

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE OF
 FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Key States

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

2) TOTALS This Period (last page this line number only).....▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **OF**
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <div style="font-size: 2em; font-family: cursive;">Key States</div>		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; font-family: monospace;">C</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div>	

Full Name of Payee <input type="checkbox"/> Memo Item <div style="font-size: 2em; font-family: cursive; margin-left: 100px;">N/A</div> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Expenditure Category/Type <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div> <hr/> Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose <hr/> Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
--	---

Full Name of Payee <input type="checkbox"/> Memo Item Mailing Address <hr/> City State Zip Code <hr/> Purpose of Expenditure Category/Type <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div> <hr/> Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose <hr/> Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
---	---

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

MM / DD / YYYY

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Key States</i>		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: <i>N/A</i>		Full Name of Subordinate Committee	
		Mailing Address	
		City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address			Date	
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶				
Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address			Date	
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶				
Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address			Date	
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶				

SUBTOTAL of Expenditures This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Key States

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ☐ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Key States

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

 %

NONFEDERAL %

 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

 %

NONFEDERAL %

 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

 %

NONFEDERAL %

 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

 %

NONFEDERAL %

 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

 %

NONFEDERAL %

 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

 %

NONFEDERAL %

 %

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE OF
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Key States

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

MM	DD	YY
----	----	----

TOTAL AMOUNT TRANSFERRED

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ii) Generic Voter Drive

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

iii) Exempt Activities

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

iv) Direct Fundraising (List Activity or Event Identifier)

a)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

c) Total Amount Transferred For Direct Fundraising

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

v) Direct Candidate Support (List Activity or Event Identifier)

a)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

c) Total Amount Transferred For Direct Candidate Support

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

vi) Public Communications Referring Only to Party (Made by PAC)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL This Period (Generic Voter Drive)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL This Period (Exempt Activities)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL This Period (Direct Fundraising)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL This Period (Direct Candidate Support)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL This Period (Public Communications Referring Only to Party)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL This Period (Total Amount Transferred)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Key States

A. Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
Purpose of Disbursement:		<div style="border: 1px solid black; height: 20px; width: 50px;"></div> Category/ Type	Date <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div>	
Activity or Event Identifier:				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

B. Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
Purpose of Disbursement:		<div style="border: 1px solid black; height: 20px; width: 50px;"></div> Category/ Type	Date <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div>	
Activity or Event Identifier:				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

C. Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
Purpose of Disbursement:		<div style="border: 1px solid black; height: 20px; width: 50px;"></div> Category/ Type	Date <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div>	
Activity or Event Identifier:				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

PAGE	OF
FOR LINE 18b OF FORM 3X	

Key States

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
N/A	<div> <div>MM</div> <div>DD</div> <div></div> </div>	

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY


482 483 484

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div data-bbox="617 978 703 984">M M</div> <div data-bbox="716 978 802 984">D D</div> <div data-bbox="817 978 1002 984"></div>	

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION



ii) Voter ID


Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV



iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044

TOTAL This Period (Generic Campaign Activity).....**TOTAL** This Period (Total Amount of Transfers Received).....

☐ 男 ☐ 女 年龄 岁 职业 单位 姓名

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Key States

A. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

N/A

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/
Type

Purpose of Disbursement

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

B. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/
Type

Purpose of Disbursement

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

C. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/
Type

Purpose of Disbursement

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

MM / DD / YYYY

LEVIN SHARE

MM / DD / YYYY

TOTAL AMOUNT

MM / DD / YYYY

TOTAL This Period for the Levin Share

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) <i>Key States</i>	
NAME OF ACCOUNT	

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(From Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

Key States

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

/ /

A.

Mailing Address

N/A

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

/ /

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

/ /

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

/ /

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

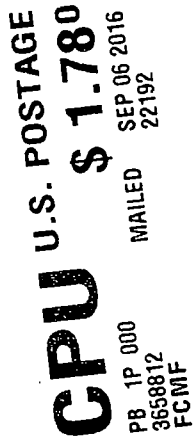
Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Key States
c/o Robert P Visser, Esq.
1025 Connecticut AVE, NW
Suite 1000
Washington, DC 20036




999 E-Street, NW

Washington, DC 20463

ATT: Christ the model

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Federal Election Commission
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	Date of Receipt 9/12/16
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	9/12/16 DATE PREPARED

(3/2015)

2016-09-12 PM 00:00:54